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Female VO:

The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2015: Preventing and Addressing Homelessness among People with Mental and/or Substance Use Disorders*.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about preventing and addressing homelessness among people with a mental and substance use disorder. Joining us in our panel today are: Steven Samra, Associate at the Center for Social Innovation, Needham, Massachusetts; Jayme Marshall, Branch Chief for the Homeless Programs Branch, Substance Abuse and Mental Health Services Administration, Rockville, Maryland; Nan Roman, President and Chief Executive Officer of the National Alliance to End Homelessness, Washington, D.C.; Jason Howell, Board President of the National Alliance for Recovery Residences, Austin, Texas. Nan, why is it important to address the issue of homelessness and about how many people are homeless in the United States?

Nan:

There are about 578,000 people who are homeless on a given night in the United States. That's about 1.4 million people a year. And obviously, it's important because not having housing makes people very vulnerable to illness. It's not good for them. All of us need the stability of a home. It's hard to maintain employment, education your children, to really function at all if you don't have a home.

Ivette:

Jayme, how many people specifically are homeless that have a mental or a substance use disorder or a co-occurring disorder?

Jayme:

Well, people all across the nation conduct point and time counts every year and we also track how many folks are in shelters throughout the year. But keep in mind, however, that some people do not want to disclose that they have a behavioral health condition because of the stigma they feel. But even with those caveats an estimated 117,000 individuals are out of the 578,000 people in the last point and time count identified they had a serious mental illness. And a similar number reported having a chronic substance abuse problem. This compares to about 4% of U.S. adults in the general population who have a serious mental illness and about 6.6% who have an alcohol use disorder. So the numbers are quite high.

Ivette:

I'm going to Jason to really address the whole issue of why are there more people with a substance and mental use disorder that are homeless?

Jason:

As a person in long term recovery, I can speak to that. The hierarchy of needs for a brain on drugs is more drugs is because of this dysfunction between the mid brain and the cerebral cortex which makes drugs almost life itself. And so we forego shelter, we forego relationships, we forego many, many things which has a spiral down. And so the good news is that recovery is possible and we can engage people higher up in this spiraling down and maybe prevent homelessness and definitely engage them in recovery.

Ivette:

And Steven, can you address the whole notion of temporary homelessness versus chronic homelessness?

Steven:

Sure. Chronic homelessness is defined by having homelessness for one year or more, or more than four episodes of homelessness within three years. Temporary homelessness is when an individual or a family finds themselves homeless but is able to, either through support or through family or service delivery, obtain housing relatively quickly.

Ivette:

Very good. Jayme, how does homelessness affect physical and mental health of individuals?

Jayme:

Well, individuals without homes often lack access to healthcare treatment. Chronic health problems and inaccessibility to medical and dental care leads to lower life expectancies. The National Healthcare for the Homeless Council actually reports that the life expectancy among people experiencing homelessness is between 42 and 52 years. That's at least 25 years earlier than the average lifespan which is a terrible tragedy.

Ivette:

So, Nan, what is the impact of homelessness on the entire society?

Nan:

Well, I would say there are three impacts that homelessness has on society. One is just the human impact that I think people have talked about. It affects us as people to see people on the street. We don't really know what to do. We want to help. We're not sure how to help. So I think that's difficult. There is also a social impact. It's not a positive reflection on our society. It really is a failure of society, especially a society such as the U.S., which has so many resources, really

shouldn't have homelessness. So there is the social cost I think to us as a nation. And third, there's a very real economic cost. It turns out to be really silly from an economic standpoint for us to allow people to become homeless. They use crisis systems when they're homeless because they have to. They get involved with criminal justice because they're living on the street. They get arrested, they get bench warrants. These are not because they're robbing the bank, it's because they're doing things outdoors that the rest of us can do inside. They get hospitalized more frequently. When they're hospitalized, they stay hospitalized longer. Treatments don't work on them as well. They have to be repeated. So it often costs more, costs the public more, to allow someone to be homeless than to house them with services.

Ivette:

So, Jayme, the federal government realizes that there is a homeless problem and I believe that there is a partnership going on of federal agencies. Do you want to talk a little bit about that for us?

Jayme:

Sure. The U.S Interagency Council on Homelessness or USICH coordinates the federal response to homelessness across 19 federal agencies. There is a lot of coordination going on through the strategic plan to end homelessness called Opening Doors. They have four goals: to finish the job of ending chronic homelessness by 2017, to prevent and end homelessness among veterans, and to prevent and end homelessness for families, youth and children. They have 58 strategies that we're all working on together in coordination and collaboration that build upon the lessons that mainstream housing, health, education and services must be fully engaged and coordinated to prevent and end homelessness. And this is across the federal, state and local levels. And being a small agency it's amazing how much work we do with them because we have so many resources at SAMHSA to offer to improve services.

Ivette:

And when we come back we're gonna talk about those resources and much more. We'll be right back.

Male VO:

For those with mental or substance use disorder, recovery starts when you ask for help. Join the Voices for Recovery. Speak up. Reach out.

Female VO:

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Ivette:

Jason, I believe you wanted to add something about what we touched on on the last panel.

Jason:

Right. I was really glad that Jayme was talking about collaboration because oftentimes our systems can be so siloed and so bringing those silos together is really important. I think there's a huge opportunity to bring the recovery community into this conversation because for the most part we've been excluded from the housing conversation.

Ivette:

Nan, I'm gonna come back to you and let's describe the continuum of housing services that are available for the homeless.

Nan:

Sure. So for the short term homeless people there's really shelter largely so that's just overnight accommodation usually with some services attached, sometimes not even 24 hours. Then there's also transitional housing which is longer term, up to two years typically housing for people. The federal government I think has agreed on a definition that transitional housing should be largely for people in recovery, victims of domestic violence, youth and sometimes people who have difficulty finding placement, finding a unit in the community. And then there are a variety of permanent housing types. There's Permanent Supportive Housing for people with disabilities, behavioral health issues and physical health issues, that's housing, long-term housing with subsidy so that it's affordable to people who are extremely low income, as well as services. There's rapid re-housing which is a shorter housing subsidy intervention that involves help with finding a landlord and a unit, a little bit of rent subsidy for a few months, and then connection to services in the community. There's recovery housing for people who need a sober environment and are recovering from substance abuse issues. There's also Housing First which is not a particular kind of housing, it's really an approach to housing. It's pretty simple. It just says let's get people into housing first and then deliver the services and once they have the stability of the home they're gonna do much better with the services.

Ivette:

Very good. Steven, Nan mentioned the Permanent Supportive Housing. Why is that type of housing important in addressing homelessness among people with a mental or substance use disorder?

Steven:

So the first piece of this for me is really around housing and having a home as an issue of human dignity, and all of us deserve safe affordable housing. With Permanent Supportive Housing, what you get is wonderful—first you have housing. It's permanent, it's yours and there is a sense of ownership and I think even a sense of pride that you're able to do that. The other piece of it is the wraparound support, the wraparound services that are brought to those of us in Permanent Supportive Housing, to not only help us move forward in our recovery

but it also teaches us I think life skills that certainly I needed to understand what it meant to live month by month with basic responsibilities and demands on who I was and how I was supposed to interact.

Ivette: Jason

Jason:

I think it's so important if we truly believe that recovery from either mental health or substance use is a person-driven process, then we need to be empowering people around their housing choices.

Ivette:

And Jayme, how is SAMHSA dealing with the homeless issue? Basically what are the programs that SAMHSA has put forth in this area?

Jayme:

Well, one of our key priorities at SAMHSA is to prevent homelessness by ensuring that adequate and effective services are available, and we really have a Permanent Supportive Housing approach. And if I might just tell you a little bit about some of our grants programs that we have, the Projects for Assistance and Transition from Homelessness, or the PATH program, is our oldest program. But it is one of the only funding sources for outreach and getting out and really reaching and engaging people and trying to get them into services and that is for individuals experiencing a serious mental illness or a co-occurring disorder. And we also have several targeted homeless programs, the Cooperative Agreements to Benefit Homeless Individuals for States, which we call our CABHI-States program, is to really improve systems and services for individuals experiencing chronic homelessness and veterans and to connect them with mainstream benefits and access to housing as well as all of the other services that can help them live a full life. We also have the Grants for the Benefit of Homelessness, SSH Services in Support of Housing, GBHI-SSH, another acronym but that goes to community-based organizations to do much of the same, to improve the systems and the services. And then I do want to mention our Supplemental Security Income, SSI, and Supplemental Security Income Disability Outreach Access and Recovery, the SOAR program which is a training that has been extremely successful in helping states and local agencies expedite benefits through the Social Security Administration.

Ivette:

Very good. Well, when we come back we're gonna continue to learn what other programs are available to help the homeless. We'll be right back.

[Music]

Female VO:

So Others Might Eat, also known as SOME is an interfaith, community-based organization that exists to help the poor and homeless of our nation's capital. They meet the immediate daily needs of the people they serve with food, clothing, and health care. They help break the cycle of homelessness by offering services, such as affordable housing, job training, addiction treatment, and counseling, to the poor, the elderly, and individuals with mental illness.

Ann Chauvin. Chief Clinical Officer for So Others Might Eat, Washington DC.

Ann Chauvin:

So Others Might Eat, otherwise known as SOME, has—since we've started and still—as our core belief, treating people who are homeless and poor with respect and dignity and meeting their needs no matter what they are.

Female VO:

Karie Ferguson. Addiction Services Manager for So Others Might Eat, Washington DC.

Karie Ferguson:

We really can treat someone from the street all the way until they get into housing and beyond that through therapy, so I think that's the most unique part of SOME.

Female VO: Ann Chauvin.

Ann Chauvin:

SOME started in 1970 as a feeding program and we still have our feeding program, which serves more than 800 meals a day, 7 days a week.

Female VO: Teresa, a person in recovery.

Teresa:

I was hungry, I hadn't eaten for about a week. One day, I stopped a lady on the street and asked her is there any place around here that feeds you. She said there's a place called SOME. And I came up here and I sit down and I ate some breakfast. After eating that meal I didn't know that's where my recovery was going to begin. And I've been here ever since.

Female VO: Ann Chauvin.

Ann Chauvin:

From that feeding program all of our services came from what was seen as needs not being met in the community.

Female VO: Karie Ferguson.

Karie Ferguson

It's really important to offer both mental health and substance abuse, I would say probably over 80% of our clients come in with mental illness. Having been on the streets, we know homelessness and mental illness kind of go together as well as the addiction.

Female VO: Ann Chauvin.

Ann Chauvin

We meet their immediate needs with emergency services like food, shower, clothing if they need that, and then we help them rebuild their lives by addressing whatever problems are keeping them in that state and then helping them sustain and maintain a better life for themselves by providing housing, employment assistance, and continued health care and support.

Female VO: Karie Ferguson.

Karie Ferguson

I think what we do here at SOME is again, take that holistic approach to help them stay clean. We're not just focusing on the addiction, we're focusing on what's deeper than that.

Female VO: Teresa.

Teresa

I realized I had to get to the core of what it was that made me use. They provide me with the therapy that I need, they provide me with the psychiatrist I need, they provide me with the help that I need, if I needed a lawyer, if I need a doctor, or whatever. They take away your excuses because we can make up some good excuses to want to go back out there.

Female VO: Ann Chauvin.

Ann Chauvin

At SOME we have an inpatient component and an outpatient component. Our inpatient is in West Virginia and we have a small medical staff—we have substance abuse counselors and we have recovery support staff 24 hours a day. In our outpatient clinic, we have doctors, nurses, therapists, addiction counselors, case managers, so pretty much anything our clients could need.

SOME was able to morph from the small program that we started as to the large program that it became in large part because of the SAMSHA grant we received in the '90s but also because we had very generous donors. Having diversity in funding is critical. If the only thing that a program knows how to do to start is to get some government assistance, to use that wisely so that then they are demonstrating the impact and the effectiveness of their service or of their new

service so that then they can market those results, market those outcomes and learn how to send a powerful message.

Ivette:

Nan, let's talk about now- as we look at the homelessness problem and challenge, talk to us a little bit about the various types of individuals that are homeless. Do you want to touch on the various types of groups that we can find that are homeless in this nation.

Nan:

I'd say the groups, the sub populations we typically break down, one would be families with children, so families with children, I think there are about 70,000 family households that are homeless at a given point in time. It's usually the parents are disproportionately young, a lot of them are under 24. It's a lot of times really a poverty-related issue. There's a very small number of families that are chronically homeless so meet that definition of repeated or long term homelessness and a disability. Veterans is a group that's come up several times. There's been a tremendous investment in ending veteran homelessness and now I think there's around 49,000, just below 50,000 homeless veterans. There are a lot of individuals who are not chronically homeless, so individuals who are homeless for short periods of time. That's the largest group, several hundred thousand people.

Ivette:

And, Steve, you spoke about having lived experience. Is it lived experience? Were you homeless yourself at one point.

Steven: Absolutely.

Ivette: Do you want to talk a little bit about that experience?

Steven:

Sure. My experience really comes from kind of a coalescing of forces around criminal justice involvement, addiction issues and mental health challenges. The driving piece for me always was poverty and that poverty really was present before I began heavily using substances. I think for me, my primary issue was substance use. That certainly exacerbated the mental health conditions that I experienced. I would have been considered chronically homeless. From a provider perspective it is related to transportation, lack of resources, a lack of community involvement, the siloing of resources, the use of most of the funding going to large urban areas, and then struggling to supply outreach engagement specialists out into the field and actually find people who are homeless in rural areas. It is extraordinarily challenging.

Ivette:

One of the things, Jason, that I've noticed is that a lot of the recovery emphasis is more on adults. Talk to us about the special needs of the younger population, particularly those that are facing substance use disorder issues.

Jason:

Well, I think that they're underserved in our population and there is a lot of great things going on. Like you said, we've got young people in recovery, we've got recovery high schools, even recovery collegiate programs. But still, it's adolescents and youth that are still underserved and developmentally we may need to be supporting them a little differently than we do say an adult. So the more aggressive we can, you know, doing prevention and engaging people in early recovery and getting them into resources is very important.

Ivette:

And when we come back, we're gonna continue to talk about some of the programs that are actually doing great things for the homeless population. We'll be right back.

[Music]

Female VO:

We try to hide our truths about our mental and substance use disorders from the world, and sometimes from ourselves. Saying, "I'm fine" is a façade. By facing our problems, recovery begins, and we are empowered to speak our truth. Join the Voices for Recovery. Speak up. Reach out.

Male VO:

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Ivette:

So Nan, let me go to you and have you address now some of the evidence-based programs. If someone was in a community and they wanted to volunteer, what should they be looking for in a comprehensive program for the homeless?

Nan:

Housing First is an evidence-based practice, so we've already discussed that with respect to people with mental illness in particular and co-occurring disorders that's housing with services integrated in the community. Assertive Community Treatment is another one and that's a service team for people with mental illness that can deliver the services to people in their housing in the community, again, the community integration is very important. Permanent Supportive Housing and certain of the service interventions in that is an evidence-based practice and there are other key ones, Supported Employment that keep people employed.

Ivette: Jason.

Jason:

If we really want to be comprehensive and we really want to give people a housing choice, then we've got to include recovery residences.

Nan: Which is also an evidence-based practice.

Jason:

Yes, thank you for that Nan. You mentioned a lot of great evidence-based programs. One of the things that NARR did is we identified the four different types of recovery residences. We call them levels of support. As you go up levels, you get more support.

Ivette:

So why don't you take us through those so that the audience understands.

Jason:

So with our level one's, the iconic level one is gonna be an Oxford House. So that is individuals choosing together and living together in recovery. That's an evidence-based program and practice for individuals with substance use. On the other end of the spectrum, level four's, there's a number of therapeutic community models that are evidence based for individuals with both mental health and substance use issues. And then in between we have levels two's and three's. Again, this is individuals living together, supporting each other in recovery, a lot of peer support, and with level three's you see those wraparound services. Further evidence-based practices within those recovery residences: Motivational Interviewing, WRAP, Wellness Recovery Action Planning; the use of peers really kind of giving each other hope. I think so often times in the homeless world people don't understand that recovery is possible and the root of recovery is hope.

Ivette:

And now we've reached that level of the show where I come back to you for final thoughts. Steven, I want to start with you. Final thoughts.

Steven:

The difficulty that we are facing in addressing this issue of homelessness in our communities boils down to a shortage of resources, a lack of options for those folks who are still on the street. And I think the critical piece here is being able to find them and connect them to the available services in our communities.

Ivette: Jayme.

Jayme:

Well, I would be remiss if I did not mention the importance of trauma-informed services in dealing with individuals that are experiencing homelessness, and I want

to make sure the audience knows about SAMHSA's Center for Trauma-Informed Care and the many resources that they have available because homelessness and trauma go hand in hand and you really can't deal with one without dealing with the other.

Ivette:

And we do have some great training tools for individuals. Jason.

Jason:

As a person in long term recovery from both mental health and substance use issues, I'm living proof that recovery happens, and so to Steven's point, if we can get individuals connected with a peer in recovery and show them that there's many pathways to recovery, any door to recovery is what's important and then empower their choices because this is really a person-driven process.

Ivette: Nan.

Nan:

I would just close by saying that homelessness is really a poverty-driven problem. People are very poor and they can't afford housing. Housing is expensive. Having said that, people with behavioral health issues are at an additional disadvantage. They're poorer often and also they can't really access treatment services or get treatment services and it exacerbates the problem. So we're grateful to SAMHSA really on the services side for developing knowledge about the services, having rigor to the standards, doing the research, explaining to us all what are the better smarter things to do, and of course, funding those things as well. We know what to do now, we just need to do more of it and we're doing that and making progress. The number of homeless people is going down, so we just have to redouble our efforts.

Ivette:

Excellent point to end on and I want to remind our audience that September brings forth **National Recovery Month** where we're able to celebrate those in recovery from a mental and substance use disorder. And we want you to go to recoverymonth.gov to be able to access all the information related to how you can put together events and activities and celebrate everyone's recovery. Thank you for being here. It's been a great show.

[Music]

Male VO:

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at recoverymonth.gov, or call 1-800-662-HELP.

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